

**DECLARATIONS**

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

STATE FARM FIRE AND CASUALTY COMPANY  
1555 PROMONTORY CIRCLE  
GREELEY CO 80634

06-EC-Y401-9                      **Policy Number**

A Stock Company with Home Offices in  
Bloomington, Illinois.

**Named Insured and Mailing Address**

TRANK, JEFF & CHERYL A  
33980 COUNTY ROAD 43A  
STEAMBOAT SPR, CO 80487-9783

The Policy Period begins and ends at  
12:01 a.m. Standard Time at the residence  
premises.

08/13/2020    **Effective Date**  
                    **12months-Policy Period**  
08/13/2021    **Expiration of Policy Period**

**Automatic Renewal** - If the **Policy Period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

**Limit of Liability - Section 1**  
\$ 1,450,000      Dwelling (Coverage A)

**Deductibles - Section 1** 1%/\$14500  
ALL LOSSES      In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

**Policy Type**  
Homeowners Policy  
Dwell Repl Cost - Similar Construction  
Increase Dwlg Up to \$290,000 - Option ID

**Location of Premises**  
33905 COUNTY ROAD 43A  
STEAMBOAT SPR CO      80487-9783

**Policy Premium**      \$2,028.00

**Forms, Options, & Endorsements**

HW-2106	HOMEOWNERS POL	LSP A1	SMLR CONST-A
LSP B1	LMT RPLC COST-B	OPT ID	COV A-INCR DWLG
OPT OL	BLD ORD/LAW-10%	HO-2216	AMENDATORY END
HO-2779	WILDFIRE END	HO-2356	AMENDATORY END
OPT AI	ADDTL INSURED	HO-2441.2	HOME SYS PROT

**Additional Insured**  
THE TRANK FAMILY LIVING TRUST  
33980 COUNTY ROAD 43A  
STEAMBOAT SPR, CO 80487-9783

**Agent Name & Address**  
ARAGON DEBORAH A INS AGC  
PO BOX 773957  
STEAMBOAT SPRINGS, CO  
80477-3957    (970)879-1756

Loan Number:

Prepared:      September 11, 2020

559-916CO

2155  
Agent's Code  
**MORTGAGEE COPY**

**PREMIUM NOTICE  
STATE FARM INSURANCE COMPANIES  
AGENT ISSUED DECLARATIONS**

<b>POLICY NUMBER</b>	<b>BILLING PERIOD</b>	<b>AGENT CODE</b>
06-EC-Y401-9	FROM 08/13/2020   TO 08/13/2021	2155

**LOCATION**

33905 COUNTY ROAD 43A  
STEAMBOAT SPR CO 80487-9783

**INSURED**

TRANK, JEFF & CHERYL A  
33980 COUNTY ROAD 43A  
STEAMBOAT SPR, CO 80487-9783

**PREMIUM** \$ 2,028.00

**AMOUNT PAID** \$ 997.75

**AMOUNT DUE** \$ 1,030.25

**DATE DUE** 10/08/2020

**ADDITIONAL INSURED**

THE TRANK FAMILY LIVING TRUST  
33980 COUNTY ROAD 43A  
STEAMBOAT SPR, CO 80487-9783  
Loan Number:

**AGENT NAME & ADDRESS**

ARAGON DEBORAH A INS AGC  
PO BOX 773957  
STEAMBOAT SPRINGS, CO  
80477-3957 (970)879-1756

This is the only notice you will receive. Please make check payable to **STATE FARM** and return it with this notice to the address shown below. Your canceled check is your receipt. Thanks for letting us serve you.

**STATE FARM INSURANCE COMPANIES**  
PO Box 650436  
Dallas, TX 75265-0436

Policy Number: 06-EC-Y401-9

TRANK, JEFF & CHERYL A  
33980 COUNTY ROAD 43A  
STEAMBOAT SPR, CO 80487-9783

State Farm<sup>TM</sup> will provide coverage to the applicant and his or her legal representative on the property described for up to 30 business days from the Effective Date, subject to all terms and conditions of the policy and endorsements for which application has been made, during which time State Farm will complete the evaluation of the application and decide whether to issue the policy. The 30 day period may be extended if necessary to complete the investigation or repairs, provided both State Farm and the applicant agree to the extension. If no Effective Date is indicated, this Binder does not provide any coverage. This Binder will be void when the Declarations Page is issued on the policy for which application has been made or when coverage under this Binder is canceled in accordance with policy provisions.

State Farm reports claim information to loss history exchanges. The claim information is used to furnish loss history reports to insurers. Colorado law requires insurers to provide information regarding how insureds may obtain a free copy of their loss history report. If you are interested in obtaining a report from the loss history exchanges, you may do so by contacting:

Automated Property Loss Underwriting System  
(A-Plus), 1-800-709-8842 or [www.iso.com](http://www.iso.com)

Comprehensive Loss Underwriting Exchange  
(CLUE), 1-866-312-8076 or [www.choicetrust.com](http://www.choicetrust.com)

<sup>TM</sup> is a trademark symbol substitute

**DECLARATIONS**

We will provide the insurance described in this policy in return for the premium and compliance with all applicable provisions of this policy.

Coverage afforded by this policy is provided by:

STATE FARM FIRE AND CASUALTY COMPANY  
1555 PROMONTORY CIRCLE  
GREELEY CO 80634

06-EC-Y401-9                      **Policy Number**

A Stock Company with Home Offices in  
Bloomington, Illinois.

**Named Insured and Mailing Address**

TRANK, JEFF & CHERYL A  
33980 COUNTY ROAD 43A  
STEAMBOAT SPR, CO 80487-9783

The Policy Period begins and ends at  
12:01 a.m. Standard Time at the residence  
premises.

08/13/2020    **Effective Date**  
                    **12months-Policy Period**  
08/13/2021    **Expiration of Policy Period**

**Automatic Renewal** - If the **Policy Period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

**Limit of Liability - Section 1**  
\$ 1,450,000      Dwelling (Coverage A)

**Deductibles - Section 1** 1%/\$14500  
ALL LOSSES      In case of loss under this policy, the deductible will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to your policy.

**Policy Type**  
Homeowners Policy  
Dwell Repl Cost - Similar Construction  
Increase Dwlg Up to \$290,000 - Option ID

**Location of Premises**  
33905 COUNTY ROAD 43A  
STEAMBOAT SPR CO      80487-9783

**Policy Premium**      \$2,028.00

**Forms, Options, & Endorsements**

HW-2106	HOMEOWNERS POL	LSP A1	SMLR CONST-A
LSP B1	LMT RPLC COST-B	OPT ID	COV A-INCR DWLG
OPT OL	BLD ORD/LAW-10%	HO-2216	AMENDATORY END
HO-2779	WILDFIRE END	HO-2356	AMENDATORY END
OPT AI	ADDTL INSURED	HO-2441.2	HOME SYS PROT

**Additional Insured**

ROUTT COUNTY  
136 6TH ST STE 200  
STEAMBOAT SPR, CO 80487-5288

**Agent Name & Address**

ARAGON DEBORAH A INS AGC  
PO BOX 773957  
STEAMBOAT SPRINGS, CO  
80477-3957 (970)879-1756

Loan Number:

Prepared:                      September 11, 2020

2155

Agent's Code

559-916CO

**MORTGAGEE COPY**